CERTIFIED TRUE COPY

WITH THE N.J. BOARD OF DENTISTRY

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STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC
SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF DENTISTRY
DOCKET NO.

In the Matter of an Application )
by

JULES HOFFMAN, D.D.S.

For Reactivation of Licensure to Practice Dentistry in the State of New Jersey Administrative Action

CONSENT ORDER

This matter was opened to the New Jersey State Board of Dentistry ("Board") upon the application of Jules Hoffman, D.D.S. for reactivation of his license to practice dentistry in the State of New Jersey. The Board reviewed the application submitted by Dr. Hoffman which disclosed that he last held an active license to practice dentistry in this State in 1985. Dr. Hoffman further disclosed that the only purpose for reactivating his license was to act as a consultant in the Dental Department at Hackensack Medical Center. It appearing that Dr. Hoffman otherwise meets the qualifications for licensure set forth in the Dental Practice Act, and in consideration of Dr. Hoffman's agreement to accept certain terms and conditions of licensure as set forth herein, and for good cause shown,

IT IS ON THIS /o DAY OF JULY, 1995,

## HEREBY ORDERED AND AGREED THAT:

Jersey shall be issued upon the entry date of this Order to Jules Hoffman, D.D.S. with the condition that his authority to practice dentistry shall be limited to his work as a consultant in the Dental Department at Hackensack Medical Center. The license issued herein shall be restricted to the premises at Hackensack Medical Center.

In the event that Dr. Hoffman violates any of the provisions of this Order, the Attorney General may, on short notice, move before the Board for a suspension or revocation of Dr. Hoffman's license to practice dentistry or for any other relief as may be in the public interest.

Stephen Candio, D.D.S.

President

State Board of Dentistry

I have read and understand the within Order and agree to be bound by its terms. Consent is hereby given to the Board to enter this Order.

Jules Hoffman, D.D.S.